

**Political Organization
Notice of Section 527 Status**

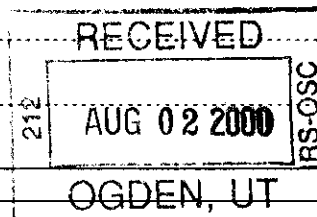
OMB No. 1545-1693

Part I General Information

1 Name of organization Donna Melzer Campaign		Employer identification number Applied for (S-S notated)
2 Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 1444		65-102 7122
City or town, state, and ZIP code Palm City, FL 34991		
3 E-mail address of organization melzer 2000.org		
4a Name of custodian of records Donna Melzer	4b Custodian's address 3471 SW Centre Ct, Palm City, FL 34990	
5a Name of contact person Donna Melzer	5b Contact person's address 3471 SW Centre Ct, Palm City, FL 34990	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Campaign for Martin County Commission, District 5



Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2580
 CONNECTION TEL 16785306156
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 RESULT OK

FAX TO: 678-530-6156

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Donna Melzer Campaign

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
P.O. Box 1444

4b City, state, and ZIP code
Palm City, FL 34991

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located
Martin County, FL

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶
Donna Melzer

8a Type of entity (Check only one box.) (see instructions)
 Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN) ☐ Estate (SSN of decedent)
☐ Partnership ☐ Personal service corp. ☒ Plan administrator (SSN)
☐ REMIC ☐ National Guard ☐ Other corporation (specify) ▶
☐ State/local government ☐ Farmers' cooperative ☐ Trust
☐ Church or church-controlled organization ☐ Federal government/military
☐ Other nonprofit organization (specify) ▶ (enter GEN if applicable)
☒ Other (specify) ▶ Campaign for County Comm., ss, FL

8b If a corporation, name the state or foreign country State Foreign country
 (if applicable) where incorporated

9 Reason for applying (Check only one box.) (see instructions) ☐ Banking purpose (specify purpose) ▶
☒ Started new business (specify type) ▶ Campaign ☐ Changed type of organization (specify new type) ▶
☐ Hired employees (Check the box and see line 12.) ☐ Purchased going business
☐ Created a pension plan (specify type) ▶ ☐ Created a trust (specify type) ▶ ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
2/29/00

11 Closing month of accounting year (see instructions)
Dec

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ Campaign ☐ Yes ☒ No

15 Is the principal business activity manufacturing? ☐ Business (wholesale) ☐ N/A
 If "Yes," principal product and raw material used ▶
 most of the products or services sold? Please check one box.